

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11377</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Raymond W. Vogel, Jr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>202 Delano Drive</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15236-4408</u>	4. Name, file number, and address of labor organization. Name <u>Greater PA Regional Council of Carpenters</u> Labor Organization File Number <u>635-030</u> P.O. Box, Building and Room Number, if any _____ Street <u>495 Mansfield Ave.</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15205-4376</u>
5. Position in labor organization. <u>President - Funds Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>N/A</u> Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Raymond W. Vogel, Jr.

On

8-12-05

Date

412-655-4529

Telephone Number

Name of Person Filing <u>Raymond W. Vogel, Jr.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Victory Capital Management
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 5th Floor
Street 50 Fountain Plaza
City Buffalo
State NY ZIP Code + 4 14202

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters Medical Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street 495 Mansfield Ave.
City Pittsburgh
State PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Investments

11.b. Approximate dollar value of such dealing. 3

12.a. Nature of interest held or income received.

Golf game.

12.b. Amount.

\$150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any N/A
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tucker Arensburg

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1500 One PPG Place

City Pittsburgh

State PA ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 495 Mansfield Ave

City Pittsburgh

State PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Attorneys

11.b. Approximate dollar value of such dealing. ?

12.a. Nature of interest held or income received.

Golf game

12.b. Amount. \$ 175.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any N/A

Street

City

State ZIP Code + 4

14.a. Nature of payment

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Reynold W. Vogel, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mobile Medical Corp.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 2413 Lytle Road
City Bethel Park
State PA ZIP Code + 4 15102

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters Medical Plan
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 495 Mansfield Ave.
City Pittsburgh
State PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Drug testing

11.b. Approximate dollar value of such dealing.

?

12.a. Nature of interest held or income received.

Golf game

12.b. Amount.

\$ 160.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any N/A
Street
City
State ZIP Code + 4

14.a. Nature of payment

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing	Raymond W. Vogel, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark Blue Cross BlueShield
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Fifth Avenue Place
Street 120 Fifth Ave.
City Pittsburgh
State PA ZIP Code + 4 15252-3079

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters Medical Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 495 Mansfield Ave.
City Pittsburgh
State PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Medical Insurance Provider

11.b. Approximate dollar value of such dealing.

?

12.a. Nature of interest held or income received.

Golf game

12.b. Amount.

\$287.96

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A
Trade Name, if any: N/A
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Raymond W. Vogel, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Yanni PartnersTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 3000Street 310 Grant StreetCity PittsburghState PA ZIP Code + 4 15219-2302

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Greater PA Carpenters Pension + Medical FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 Mansfield Ave.City PittsburghState PA ZIP Code + 4 15205

11.a. Nature of such dealing.

Investments11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf
Lunch
Dinner

12.b. Amount.

Est.

\$ 225.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any N/AStreet City State ZIP Code + 4

14.a. Nature of payment.

N/A13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Rzymail W. Vogel, Jr

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

PNC Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

620 Liberty Ave.

City

Pittsburgh

State

PA

ZIP Code + 4

15222

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Greater PA Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

495 Meigs Field Ave.

City

Pittsburgh

State

PA

ZIP Code + 4

15205

11.a. Nature of such dealing.

Investments

11.b. Approximate dollar value of such dealing.

\$59,000,000.00

12.a. Nature of interest held or income received.

Lunch = 34.50
Golf = 297.34
Dinner = 86.34
Total 418.18

12.b. Amount.

\$418.18

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment